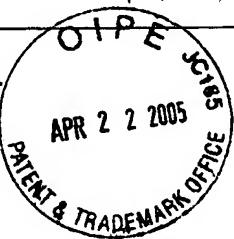


## TRANSMITTAL FORM

Attorney Docket No.  
BLD920030032US1  
2986P

In re the application **Heiney, et al.**Serial No: **10/783,851**Filed: **February 20, 2004**Confirmation No: **7662**Group Art Unit: **2854**Examiner: **Hamdan, Wasseem H.**For: **Method and System for Performing Large Scale Distributed Printing Using a Relational Database**

## ENCLOSURES (check all that apply)

|                                     |                                                              |                                                                                                                                                              |                                                  |                                     |                                             |  |  |
|-------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------|---------------------------------------------|--|--|
| <input checked="" type="checkbox"/> | <b>Amendment/Reply</b>                                       | <input type="checkbox"/>                                                                                                                                     | Assignment and Recordation Cover Sheet           | <input type="checkbox"/>            | After Allowance Communication to Group      |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/> After Final                         | <input type="checkbox"/>                                                                                                                                     | Part B-Issue Fee Transmittal                     | <input type="checkbox"/>            | Notice of Appeal                            |  |  |
| <input type="checkbox"/>            | Information disclosure statement                             | <input type="checkbox"/>                                                                                                                                     | Letter to Draftsman                              | <input type="checkbox"/>            | Appeal Brief                                |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/> Form 1449                           | <input checked="" type="checkbox"/>                                                                                                                          | <b>1 Replacement Drawing</b>                     | <input type="checkbox"/>            | Status Letter                               |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/> (X) Copies of References            | <input type="checkbox"/>                                                                                                                                     | Petition                                         | <input checked="" type="checkbox"/> | <b>Postcard</b>                             |  |  |
| <input type="checkbox"/>            | Extension of Time Request *                                  | <input type="checkbox"/>                                                                                                                                     | Fee Address Indication Form                      | <input type="checkbox"/>            | Other Enclosure(s) (please identify below): |  |  |
| <input type="checkbox"/>            | Express Abandonment                                          | <input type="checkbox"/>                                                                                                                                     | Terminal Disclaimer                              |                                     |                                             |  |  |
| <input type="checkbox"/>            | Certified Copy of Priority Doc                               | <input type="checkbox"/>                                                                                                                                     | Power of Attorney and Revocation of Prior Powers |                                     |                                             |  |  |
| <input type="checkbox"/>            | Response to Incomplete Appln                                 | <input type="checkbox"/>                                                                                                                                     | Change of Correspondence Address                 |                                     |                                             |  |  |
| <input type="checkbox"/>            | Response to Missing Parts                                    | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from _____ to _____. |                                                  |                                     |                                             |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/> Executed Declaration by Inventor(s) |                                                                                                                                                              |                                                  |                                     |                                             |  |  |

## CLAIMS

| FOR                | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE       | FEE       |
|--------------------|----------------------------------|-----------------------------------------|--------------|------------|-----------|
| Total Claims       | 25                               | 20                                      | 5            | \$ 50.00   | \$ 250.00 |
| Independent Claims | 3                                | 3                                       | 0            | \$200.00   | \$ 0.00   |
|                    |                                  |                                         |              | Total Fees | \$ 250.00 |

## METHOD OF PAYMENT

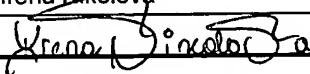
|                                     |                                                                                                              |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.                                   |
| <input checked="" type="checkbox"/> | Charge \$ <u>250.00</u> to Deposit Account No. <u>50-0563</u> (IBM Corporation) for payment of fees.         |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. <u>50-0563</u> (IBM Corporation) |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|               |                                                            |
|---------------|------------------------------------------------------------|
| Attorney Name | Janyce R. Mitchell, Reg. No. 40,095                        |
| Signature     | /Janyce R. Mitchell/ Reg. No. 40,095<br>Janyce R. Mitchell |
| Date          | April 20, 2005                                             |

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 20, 2005

|                      |                                                                                     |
|----------------------|-------------------------------------------------------------------------------------|
| Type or printed name | Irena Nikolova                                                                      |
| Signature            |  |